		VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-042131	
		BLIC HEALTH AND WELFARE Registration District No. — 99 — Primary Registration District No. — Registrat's No.	STATE FILE NUMBER	
DO NOT WRITE ON THIS STUB	AMENDED	FILED NOV 2 7 1962		
VS 300		1. PLACE OF DEATH 2. USUAL RESIDE 3. COUNTY DOKALD 3. STATE MO	NCE (Where deceased lived, If institution: Residence before b, COUNTY TO TO B admission)	
Rev. 4/59	AMENDED	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	b. COUNTY DeKalb edmission)	
, .		OR OR		
10320		c. FULL NAME OF (If NOT in hospital, give location) TOWN MAYSVI LD Camden 7 Yrs, TOWN 0 Inside Limits d. STREET	Sborn& Yes No (If cutside, give location) Reside on Farm	
	DATE	HOSPITAL OR INSTITUTION IN Timber LMi S. Yes □ No 📆 ADDRESS	V. D. N. D.	
20320-			LH TOWH	
3		3. NAME OF DECEASED First Middle Lest (Type or print) William DeWitt reens	4. DATE Month Day Year OF	
4 0			DEATH , 11 16 62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR	
		5. SEX 6. COLOR OR RACE 7. Married Never Married 1 8. DATE OF BIRTH Widowed 1 Divorced 1 6 20 3 03	Months Days Hours Min.	
5 /		Male	(City and state or country) 12. CITIZEN OF WHAT COUNTRY	
6	ا	during most of working life, even if retired) M.E.Church 777	U.S.A.	
7 /	<u> </u>	Minister 13b. MOTHER'S MAME	14. NAME OF HUSBAND OR WIFE	
	Follows	1	Lora Green	
ىر 8		15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECTION NO. 177. INFORMANT	Address	
99198		(Yes, no, or unknown) (If yes, give war or dates of servi		
	됩 물	18. CRUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		
	[일	IMMEDIATE CAUSE (a) Gunshot wound By Accident Instant		
11/32				
127/ 2		Conditions, if any, which gave rise to		
<u> </u>	NST	above cause (a), stating the under-		
$\frac{13}{-0}$		lying cause last. J DUE TO (c)		
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was femala was disease condition given in PART I (a)		
	[1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART I (a)	☐ Yes ☐ No ☐ Unknown	
		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED PERFORMED?	D. (Enter nature of injury in PART I or PART II of item 18.)	
	YES NO X JARANANA Shot While Good Heart Month, Day, Year		while deer hunting	
(z				
¥ °				
= =		20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK TX 20e. PLACE OF INJURY (e.g., in or about home, but home, fargy factory, street, office bldg., etc.) An Climber Maysvil	R LOCATION COUNTY STATE	
¥ ~ ~				
설리필	INJURY (a.m. 11 16 62 20d. INJURY OCCURRED WHILE AT WORK 16 farg. factory, street, office bldg., etc.) NOT WHILE AT WORK 1 lmber 20f. City, town, or location County Maysville DeKalb 21. I attended the deceased from Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the cause 22a, signature (Degree or title) 22b. ADDRESS 22b. ADD		nd last saw him alive on	
S			and to the best of my knowledge, from the causes stated.	
JSE	SHOULD	22a_SIGNATURE (Degree or title) 22b. ADDRESS	22c. DATE SIGNED	
	[종] [[종]	John Bram Coronor Maysyill	e Mo 11-17-62	
_	<u> </u>	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
	NO.			
	Address 25. Date recd. By Local reg. 26. Registrar's signature Maysville No 1/-20-62 Levie 6.		(eg. 120, REGISTRAR'S SIGNATURE	
			January 6. Warren	
		(Licensed Embalmer's Statement on Reverse Side) %	

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

, Student Embalmer No
01 /2
Signed / John /
2923
Licensed Embalmer No.
P. O. Address Paysuille

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.